

**ASSEMBLY BILL**

**No. 572**

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**Introduced by Assembly Member Beth Gaines  
(Coauthors: Assembly Members Chávez, Cristina Garcia, and  
Gonzalez)**

February 24, 2015

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An act to add Article 1 (commencing with Section 104250) to Chapter 4 of Part 1 of Division 103 of the Health and Safety Code, relating to diabetes.

LEGISLATIVE COUNSEL’S DIGEST

AB 572, as introduced, Beth Gaines. California Diabetes Program.

Existing law establishes the State Department of Public Health and sets forth its powers and duties pertaining to, among other things, protecting, preserving, and advancing public health, including disseminating information regarding diseases.

This bill would require the State Department of Public Health to submit a report to the Legislature by an unspecified date that includes, among other things, information on the financial impact of all types of diabetes on Californians, an assessment of the benefits of implemented programs aimed at controlling diabetes and preventing the disease, and action plans for battling diabetes.

The bill would also make related findings and declarations.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

SECTION 1. Article 1 (commencing with Section 104250) is added to Chapter 4 of Part 1 of Division 103 of the Health and Safety Code, to read:

Article 1. Diabetes.

104250. The Legislature finds and declares all of the following:

(a) It is reported that one in seven adult Californians has diabetes, and the numbers are rising rapidly. The actual number of those whose lives are affected by diabetes is unknown and stands to be much higher when factoring in the incidence of type 1 diabetes and undiagnosed gestational diabetes.

(b) California has the greatest number of annual new cases of diabetes in the United States.

(c) The incidence of diabetes amongst all Californians has increased 32 percent over the past decade.

(d) Over 11.4 million people in California have prediabetes, a condition that is a precursor to full onset type 2 diabetes. This suggests that the total population of those diagnosed will continue to rise in the absence of interventions.

(e) The prevalence of diagnosed gestational diabetes in California has increased 60 percent in just seven years, from 3.3 percent of hospital deliveries in 1998 to 5.3 percent of hospital deliveries in 2005, with the federal Centers for Disease Control and Prevention stating that the diagnosis rate could run as high as 18.3 percent.

(f) The fiscal impact to the State of California, including total health care and related costs for the treatment of diabetes, was over \$35.9 billion in 2010.

(g) A recent study of a large state with a sizable diabetes population found that the rate of diagnosed diabetes in that state's Medicaid population is nearly double that of its general population.

(h) There is no cure for any type of diabetes.

(i) Diabetes when left untreated can lead to serious and costly complications and a reduced lifespan.

(j) Many of these serious complications can be delayed or avoided with timely diagnosis, effective patient self-care, and improved social awareness.

(k) It is the intent of the Legislature to require the State Department of Public Health to provide to the Legislature information, including the annual federal Centers for Disease Control and Prevention progress report, on diabetes prevention and control activities conducted by the State Department of Public Health and expenditures associated with diabetes prevention and control activities. These activities are set forth by the State Department of Public Health in the California Wellness Plan 2014 and the report dated September 2014 entitled “Burden of Diabetes in California”.

104251. (a) The State Department of Public Health shall submit a report to the Legislature on or before \_\_\_\_\_, that includes all of the following:

(1) The financial impact of all types of diabetes on Californians. Items included in this assessment shall include the number of persons living with diabetes, the number of family members impacted by prevention and diabetes control programs implemented by the department, the financial impact diabetes and its complications have on the state, and the financial toll or impact of diabetes in comparison to other chronic diseases and conditions.

(2) An assessment of the benefits of implemented programs and activities aimed at controlling diabetes and preventing the disease. This assessment shall also document the amount and source for any funding directed to the department for programs and activities aimed at reaching those with diabetes.

(3) A description of the level of coordination existing between state departments and entities on activities, programmatic activities, and providing information to the public regarding managing, treating, and preventing all forms of diabetes and its complications.

(4) The development or revision of detailed action plans for battling diabetes with a range of actionable items for consideration by the Legislature. The plans shall identify proposed action steps to reduce the impact of diabetes, pre-diabetes, and related diabetes complications. The plans shall also identify expected outcomes of the action steps proposed in the following biennium while also establishing benchmarks for controlling and preventing relevant forms of diabetes.

(5) The development of a detailed budget blueprint identifying needs, costs, and resources required to implement the plan identified in paragraph (4). This blueprint shall include a budget

1 range for all options presented in the plan identified in paragraph  
2 (4).

3 (b) The report submitted to the Legislature pursuant to this  
4 section shall be submitted in compliance with Section 9795 of the  
5 Government Code.

6 (c) This section shall remain in effect only until \_\_\_\_\_, and as  
7 of that date is repealed, unless a later enacted statute, that is enacted  
8 before \_\_\_\_\_, deletes or extends that date.